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NEW MEXICO OIL CONSERVATION COM REQUEST FOR ALLOWABLE AND

Form C -104 spersedes Old C-104 and C-110

Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR PRORATION OFFICE Operator Kaiser-Francis Oil Company Addres P.O. Box 35528 Tulsa, Oklahoma 74135 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion OII Dry Gas Change in Ownership X Casinghead Gas Condensate If change of ownership give name and address of previous owner Coquina Oil Corporation P.O. Drawer 2960 Midland, Texas 79702 II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Legge No. Charlotte State 2 Eumont Yates Seven Rivers State, Federal or Fee State B-9131 Locatic. Feet From The___North` 660 1980 West Unit Let er Line and Feet From The 36E Line of Section Township Lea Range NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Permian Corporation P.O. Box 1183 Houston, TX 77001 Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas 🛴 Address (Give address to which approved copy of this form is to be sent) Phillips Pipeline Company 894-AB Bartlesville, OK 74003 Unit Twp. Sec. P.ge. Is gas actually connected? When If well produces oil or liquids, give location of tanks. 20S N + 32 36E Yes N/A If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Same Resty, Diff. Resty. Designate Type of Completion = (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oli/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cti Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prog. During Test Oil-Bbls. Water - Bble. Gas - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pt.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) VI. CERTIFICATE OF COMPLIANCE OIL FANSER YATION COMMISSION INAL SIGNED BY I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. JERRY SEXTON DISTRICT 1 SUPR TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Engineering Tech (Title) November 24, 1982

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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